2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000107318

1. Entity Name
VACATION PROMOTIONS USA, INC.

Principal Place of Business	Mailing Address
304 GARDENS DRIVE #204 POMPANO BEACH, FL 33069	304 GARDENS DRIVE #204 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0884309
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOTT, JOSEPH G JR.
500 W. CYPRESS CREEK RD., #400
FT. LAUDERDALE, FL 33309

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000098074
03/29/04-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTILLON, J MONTGOMERY
STREET ADDRESS	304 GARDENS DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	V
NAME	ANTILLON, CHRISTINA D
STREET ADDRESS	304 GARDENS DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	S
NAME	JUHASZ, ZOLTAN
STREET ADDRESS	304 GARDENS DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/26/04 954.731.2092
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #